

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-005060

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4

Primary Registration District No.

Registrar's No. 16

FILED MAR 12 1963

1. PLACE OF DEATH a. COUNTY Atchison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Atchison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax		Length of stay in 1b 6 wks	c. CITY OR TOWN Tarkio
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Community Hospt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last MAMIE ESTELL WOLF			4. DATE OF DEATH Month Day Year March 1, 1963
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/24/1890
9. AGE (last birthday) 72	10. IF UNDER 1 YEAR Months Days Hours Min.	11. BIRTHPLACE (City and state or country) Tarkio, Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.		13. NAME OF HUSBAND OR WIFE Ben H. Wolf	
14. FATHER'S NAME Joseph Jackson		15. MOTHER'S MAIDEN NAME Isador Smith	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. SOCIAL SECURITY NO. no	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY)		19. INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)		Generalized carcinomatous, wide spread metastases, primary	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Carcinoma of the Stomach	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
20. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	22. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
23. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year		
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION	COUNTY STATE
27. I attended the deceased from 2/21/50 to 3/1/63 and last saw her alive on 3/1/63		Death occurred at 3:58 pm a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
28. SIGNATURE <i>L. Niedermeier, M.D.</i>	(Degree or title)	29. ADDRESS Tarkio, Missouri	30. DATE SIGNED 3/2/63
31. BURIAL, CREMATION, REMOVAL (Specify) burial	32. DATE 3/3/1963	33. NAME OF CEMETERY OR CREMATORY Home Cemetery	34. LOCATION (City, town, or county) Tarkio, Mo.
35. FUNERAL DIRECTOR Davis Funeral Home	ADDRESS Tarkio, Mo.	36. DATE RECD. BY LOCAL REG. Mar 9, 1963	37. REGISTRAR'S SIGNATURE <i>Therese H. Schaefer</i>

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Forest R. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.